

North Carolina Department of Health and Human Services  
Division of Public Health • Epidemiology Section  
Communicable Disease Branch

**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

**HEMOLYTIC-UREMIC SYNDROME**  
Confidential Communicable Disease Report—Part 2  
NC DISEASE CODE: 59

**REMINDER to Local Health Department staff:** If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /	SSN
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**NC EDSS  
LAB RESULTS**

Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	



**NC EDSS PART 2 WIZARD  
COMMUNICABLE DISEASE**

Is/was patient symptomatic for this disease? ☐ Y ☐ N ☐ U

If yes, symptom onset date (mm/dd/yyyy): / /

CHECK ALL THAT APPLY:

Fever ☐ Y ☐ N ☐ U

- ☐ Yes, subjective ☐ No  
☐ Yes, measured ☐ Unknown

Highest measured temperature \_\_\_\_\_

Fever onset date (mm/dd/yyyy): / /

Altered mental status ☐ Y ☐ N ☐ U

Patient displayed (select all that apply)

- ☐ Delirium ☐ Hallucinations  
☐ Coma ☐ Illusions  
☐ Disorientation

Nausea ☐ Y ☐ N ☐ U

Vomiting ☐ Y ☐ N ☐ U

Abdominal pain or cramps ☐ Y ☐ N ☐ U

Diarrhea ☐ Y ☐ N ☐ U

Describe (select all that apply)

- ☐ Bloody  
☐ Non-bloody  
☐ Watery  
☐ Other

Maximum number of stools in a 24-hour period: \_\_\_\_\_

Proteinuria ☐ Y ☐ N ☐ U

Acute renal insufficiency ☐ Y ☐ N ☐ U

Acute renal failure ☐ Y ☐ N ☐ U

Elevated creatinine ☐ Y ☐ N ☐ U

Hemolytic uremic syndrome (HUS) ☐ Y ☐ N ☐ U

Thrombotic thrombocytopenic purpura (TTP) ☐ Y ☐ N ☐ U

Thrombocytopenia ☐ Y ☐ N ☐ U

Platelet count \_\_\_\_\_  
☐ Platelets <150,000

Anemia ☐ Y ☐ N ☐ U

Acute hemolytic anemia ☐ Y ☐ N ☐ U

Acute with microangiopathic changes ☐ Y ☐ N ☐ U

Hemoglobin <11 ☐ Y ☐ N ☐ U

Hematocrit <33 ☐ Y ☐ N ☐ U

Patient in child care? ☐ Y ☐ N ☐ U

Patient a child care worker or volunteer in child care? ☐ Y ☐ N ☐ U

Patient a parent or primary caregiver of a child in child care? ☐ Y ☐ N ☐ U

Is patient a student? ☐ Y ☐ N ☐ U

Is patient a school WORKER / VOLUNTEER in NC school setting? ☐ Y ☐ N ☐ U

Give details: \_\_\_\_\_

During the 31 days prior to onset of HUS, was the patient:

Employed as food worker? ☐ Y ☐ N ☐ U

Where employed? \_\_\_\_\_

Specify job duties: \_\_\_\_\_

What dates did the patient work? \_\_\_\_\_

Employed as food worker while symptomatic? ☐ Y ☐ N ☐ U

Where did the patient work? \_\_\_\_\_

What dates did the patient work? \_\_\_\_\_

What day did the patient return to food service work? \_\_\_\_\_

Date: \_\_\_\_\_

Where did patient return to work? \_\_\_\_\_

Non-occupational food worker

(e.g. potlucks, receptions) during contagious period? ☐ Y ☐ N ☐ U

Where employed? \_\_\_\_\_

Specify dates worked during contagious period: \_\_\_\_\_

Health care worker or child care worker

handling food or medication in the contagious period? ☐ Y ☐ N ☐ U

Where employed? \_\_\_\_\_

Specify dates worked during contagious period: \_\_\_\_\_

During the 31 days prior to onset of HUS, did the patient have exposure to animals (includes animal tissues, animal products, or animal excreta)? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

Household pets? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

Did patient / household contact work at, live on, or visit a farm, ranch, or dairy? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

Was patient exposed to animals associated with agriculture or aviculture (domestic/semi-domestic animals)? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

Did the patient work at or visit a fair with livestock or a petting zoo? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

Did the patient work at or visit a zoo, zoological park, or aquarium? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

Did patient work in a veterinary practice or animal laboratory, animal research setting, biomedical laboratory, or an animal diagnostic laboratory? ☐ Y ☐ N ☐ U

If yes, specify and give details: \_\_\_\_\_

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**PREDISPOSING CONDITIONS**

Any immunosuppressive conditions? ☐ Y ☐ N ☐ U  
Specify \_\_\_\_\_

Gastrointestinal disease ☐ Y ☐ N ☐ U  
Did patient have diarrhea within 3 weeks of onset of HUS? ☐ Y ☐ N ☐ U  
Other underlying illness ☐ Y ☐ N ☐ U  
Please specify \_\_\_\_\_

**REASON FOR TESTING**

Why was the patient tested for this condition?  
☐ Symptomatic of disease  
☐ Screening of asymptomatic person with reported risk factor(s)  
☐ Exposed to organism causing this disease (asymptomatic)  
☐ Household contact to a person reported with this disease  
☐ Other, specify \_\_\_\_\_  
☐ Unknown

**TREATMENT**

Did the patient receive an antibiotic for this diarrheal illness? ☐ Y ☐ N ☐ U  
Specify name of first antibiotic used: \_\_\_\_\_  
Date first antibiotic began (mm/dd/yyyy): \_\_\_\_\_  
Number of days first antibiotic taken: \_\_\_\_\_  
Did the patient receive a SECOND antibiotic for this diarrheal illness? ☐ Y ☐ N ☐ U  
Specify name of second antibiotic used: \_\_\_\_\_  
Date second antibiotic began (mm/dd/yyyy): \_\_\_\_\_  
Number of days second antibiotic taken: \_\_\_\_\_  
Did the patient need kidney dialysis as a result of this illness? ☐ Y ☐ N ☐ U  
Notes: \_\_\_\_\_

**HOSPITALIZATION INFORMATION**

Was patient hospitalized for this illness >24 hours? ☐ Y ☐ N ☐ U  
1. Hospital name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Hospital contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_  
If applicable:  
2. Hospital name: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Hospital contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ISOLATION/QUARANTINE/CONTROL MEASURES**

Restrictions to movement or freedom of action? ☐ Y ☐ N  
Check all that apply:  
☐ Work ☐ Sexual behavior  
☐ Child care ☐ Blood and body fluid  
☐ School ☐ Other, specify \_\_\_\_\_  
Date control measures issued: \_\_\_\_\_  
Date control measures ended: \_\_\_\_\_  
Was patient compliant with control measures? ☐ Y ☐ N  
Did local health director or designee implement additional control measures? (example: cohort classrooms, special cleaning, active surveillance, etc.) ☐ Y ☐ N  
If yes, specify: \_\_\_\_\_  
Were written isolation orders issued? ☐ Y ☐ N  
If yes, where was the patient isolated? \_\_\_\_\_  
Date isolation started? \_\_\_\_\_  
Date isolation ended? \_\_\_\_\_  
Was the patient compliant with isolation? ☐ Y ☐ N  
Were written quarantine orders issued? ☐ Y ☐ N  
If yes, where was the patient quarantined? \_\_\_\_\_  
Date quarantine started? \_\_\_\_\_  
Date quarantine ended? \_\_\_\_\_  
Was the patient compliant with quarantine? ☐ Y ☐ N

**CLINICAL OUTCOMES**

Discharge/Final diagnosis: \_\_\_\_\_  
Survived? ☐ Y ☐ N ☐ U  
Died? ☐ Y ☐ N ☐ U  
Died from this illness? ☐ Y ☐ N ☐ U  
Date of death (mm/dd/yyyy): \_\_\_\_\_

**TRAVEL/IMMIGRATION**

The patient is:  
☐ Resident of NC  
☐ Resident of another state or US territory  
☐ Foreign Visitor  
☐ Refugee  
☐ Recent Immigrant  
☐ Foreign Adoptee  
☐ None of the above  
Did patient have a travel history during the 31 days prior to onset of HUS? ☐ Y ☐ N ☐ U  
List travel dates and destinations \_\_\_\_\_  
Does patient know anyone else with similar symptom(s) who had the same or similar travel history? ☐ Y ☐ N ☐ U  
List persons and contact information: \_\_\_\_\_  
Additional travel/residency information: \_\_\_\_\_

**BEHAVIORAL RISK & CONGREGATE LIVING**

During the 31 days prior to onset of HUS did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? ☐ Y ☐ N ☐ U  
Name of facility: \_\_\_\_\_  
Dates of contact: \_\_\_\_\_  
During the 31 days prior to onset of HUS, did the patient attend social gatherings or crowded settings? ☐ Y ☐ N ☐ U  
If yes, specify: \_\_\_\_\_  
In what setting was the patient most likely exposed?  
☐ Restaurant ☐ Place of Worship  
☐ Home ☐ Outdoors, including woods or wilderness  
☐ Work ☐ Athletics  
☐ Child Care ☐ Farm  
☐ School ☐ Pool or spa  
☐ University / College ☐ Pond, lake, river or other body of water  
☐ Camp ☐ Hotel / motel  
☐ Doctor's office / Outpatient clinic ☐ Social gathering, other than listed above  
☐ Hospital In-patient ☐ Travel conveyance (airplane, ship, etc.)  
☐ Hospital Emergency Department ☐ International  
☐ Laboratory ☐ Community  
☐ Long-term care facility / Rest Home ☐ Other (specify) \_\_\_\_\_  
☐ Military ☐ Unknown  
☐ Prison / Jail / Detention Center

**OTHER EXPOSURE INFORMATION**

Does the patient know anyone else with similar symptoms? ☐ Y ☐ N ☐ U  
If yes, specify: \_\_\_\_\_  
During the 31 days prior to onset of HUS did the patient have contact with sewage or human excreta? ☐ Y ☐ N ☐ U

**WATER EXPOSURE**

During the 14 days prior to onset of HUS, did the patient have recreational, occupational, or other exposure to water, including aerosolized water in household, community or health care settings? ☐ Y ☐ N ☐ U  
If yes, describe in detail giving type of activity, water, route of exposure, water sources, factors contributing to water contamination, and any water treatment methods: \_\_\_\_\_

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
						SSN

## FOOD RISK & EXPOSURE

During the 31 days prior to onset of HUS, did the patient eat any raw or undercooked meat or poultry? ☐ Y ☐ N ☐ U

Specify meat/poultry: \_\_\_\_\_

Specify place of exposure: \_\_\_\_\_

During the 31 days prior to onset of HUS did the patient eat any raw or undercooked seafood or shellfish (i.e., raw oysters, sushi, etc.)? ☐ Y ☐ N ☐ U

Specify type of seafood/shellfish \_\_\_\_\_

Specify place of exposure \_\_\_\_\_

Describe the source of drinking water used in the patient's home (check all that apply):

- ☐ Bottled water supplied by a company  
☐ Bottled water purchased from a grocery store  
☐ Municipal supply (city water)  
☐ Well water

Does the patient have a water softener or water filter installed inside the house to treat their water? ☐ Y ☐ N ☐ U

During the 31 days prior to onset of HUS, did the patient drink any bottled water? ☐ Y ☐ N ☐ U

Specify type/brand \_\_\_\_\_

Where does the patient/patient's family typically buy groceries?

Store name: \_\_\_\_\_

Store city: \_\_\_\_\_

Shopping center name/address: \_\_\_\_\_

During the 31 days prior to onset of HUS, did the patient:

Eat any food items that came from a produce stand, flea market, or farmer's market? ☐ Y ☐ N ☐ U

Specify source: \_\_\_\_\_

Eat any food items that came from a store or vendor where they do not typically shop for groceries? ☐ Y ☐ N ☐ U

Specify source(s): \_\_\_\_\_

Handle raw meat other than poultry? ☐ Y ☐ N ☐ U

Specify type of meat:

- ☐ Beef (hamburger/steak, etc)  
☐ Pork (ham, bacon, pork chops, sausage, etc)  
☐ Lamb/mutton  
☐ Wild game, specify: \_\_\_\_\_  
☐ Other, specify: \_\_\_\_\_  
☐ Unknown

Handle raw poultry? ☐ Y ☐ N ☐ U

Specify type of poultry:

- ☐ Chicken  
☐ Turkey  
☐ Other, specify: \_\_\_\_\_  
☐ Unknown

Handle shell eggs? ☐ Y ☐ N ☐ U

Drink unpasteurized milk? ☐ Y ☐ N ☐ U

Specify type of milk:

- ☐ Cow  
☐ Goat  
☐ Sheep  
☐ Other, specify: \_\_\_\_\_  
☐ Unknown

Eat any other unpasteurized dairy products? ☐ Y ☐ N ☐ U

Specify type of product:

- ☐ Queso fresco, Queso blanco or other Mexican soft cheese  
☐ Butter  
☐ Cheese from raw milk, specify: \_\_\_\_\_  
☐ Food made from raw dairy product, specify: \_\_\_\_\_  
☐ Other, specify: \_\_\_\_\_

Drink unpasteurized juices or ciders? ☐ Y ☐ N ☐ U

Specify juices or ciders:

- ☐ Apple  
☐ Orange  
☐ Other, specify: \_\_\_\_\_

Eat ground beef/hamburger? ☐ Y ☐ N ☐ U

Eat other beef/beef products? ☐ Y ☐ N ☐ U

- ☐ Roast  
☐ Steak

Other, specify: \_\_\_\_\_

Eat any poultry/poultry product? ☐ Y ☐ N ☐ U

Eat eggs or any dish having eggs as an ingredient? ☐ Y ☐ N ☐ U

Taste/eat any uncooked batter (uncooked cake/cookie batter, ice cream containing cookie dough) containing eggs? ☐ Y ☐ N ☐ U

Eat pork/pork products? ☐ Y ☐ N ☐ U

Specify type of pork/pork product:

- ☐ Sausage  
☐ Smoked ☐ Unsmoked  
☐ Chops  
☐ Roast  
☐ Ham  
☐ Smoked ☐ Cured ☐ Canned  
☐ Other, specify: \_\_\_\_\_

☐ Bacon ☐ BBQ

Other, specify: \_\_\_\_\_

Eat wild game meat (deer, bear, wild boar)? ☐ Y ☐ N ☐ U

Specify type of wild game meat:

- ☐ Deer/venison  
☐ Bear  
☐ Wild boar/javelina/feral hog  
☐ Other, specify: \_\_\_\_\_

Eat other meat / meat products (i.e. ostrich, emu, horse)? ☐ Y ☐ N ☐ U

Specify other meat/meat product:

- ☐ Ostrich  
☐ Emu  
☐ Horse  
☐ Other, specify: \_\_\_\_\_

Handle/eat finfish (i.e. Tuna, Mackerel, Skip Jack, Amber Jack, Bonito, mahi-mahi / dorado, Blue fish, Salmon, Puffer fish, Porcupine fish, Ocean sunfish, sushi)? ☐ Y ☐ N ☐ U

Specify type of finfish:

- ☐ Tuna ☐ Puffer fish  
☐ Mackerel ☐ Parrot fish  
☐ Skip Jack or Amberjack ☐ Porcupine fish  
☐ Bonito ☐ Ocean sunfish (Mola mola)  
☐ Mahi-mahi ☐ Bluefish  
☐ (dorado/"blue dolphin") ☐ Salmon

☐ Sushi, unknown type of fish

Other, specify: \_\_\_\_\_

Unknown

Eat raw fruit? ☐ Y ☐ N ☐ U

Specify raw fruit:

- ☐ Apples  
☐ Bananas  
☐ Oranges  
☐ Grapes, specify: \_\_\_\_\_  
☐ Pears  
☐ Peaches  
☐ Berries, specify: \_\_\_\_\_  
☐ Melon, specify: \_\_\_\_\_  
☐ Mangoes  
☐ Other, specify: \_\_\_\_\_

Eat raw salads or vegetables other than sprouts? ☐ Y ☐ N ☐ U

Specify raw salad or vegetable:

- ☐ Bagged salad greens without toppings, type: \_\_\_\_\_  
☐ Salad with toppings, specify: \_\_\_\_\_  
☐ Lettuce, type: \_\_\_\_\_  
☐ Spinach  
☐ Tomatoes, type: \_\_\_\_\_  
☐ Cucumbers  
☐ Mushrooms, type: \_\_\_\_\_  
☐ Onions, type: \_\_\_\_\_  
☐ Potatoes, type: \_\_\_\_\_  
☐ Other, specify: \_\_\_\_\_

Eat sprouts? ☐ Y ☐ N ☐ U

Specify type of sprouts:

- ☐ Alfalfa ☐ Clover ☐ Bean  
☐ Other, specify: \_\_\_\_\_  
☐ Unknown

Eat fresh herbs? ☐ Y ☐ N ☐ U

Specify:

- ☐ Basil ☐ Thyme  
☐ Parsley ☐ Cilantro  
☐ Oregano ☐ Rosemary  
☐ Cumin  
☐ Other, specify: \_\_\_\_\_

Eat ready-to-eat dried, preserved, smoked, or traditionally prepared meat (i.e. summer sausage, salami, jerky)? ☐ Y ☐ N ☐ U

Specify type of prepared meat:

- ☐ Summer sausage, specify: \_\_\_\_\_  
☐ Salami  
☐ Jerky  
☐ Other, specify: \_\_\_\_\_

Eat deli-sliced (not pre-packaged) meat? ☐ Y ☐ N ☐ U

Specify type of meat:

- ☐ Bologna  
☐ Turkey  
☐ Ham  
☐ Roast beef  
☐ Chicken  
☐ Other, specify: \_\_\_\_\_

Eat meat stews or meat pies? ☐ Y ☐ N ☐ U

Specify: \_\_\_\_\_

Eat gravy (i.e. beef, chicken, turkey)? ☐ Y ☐ N ☐ U

Specify: \_\_\_\_\_

Eat potentially hazardous foods (i.e. pastries, custards, salad dressings)? ☐ Y ☐ N ☐ U

Specify:

- ☐ Pastries  
☐ Custards  
☐ Salad dressings  
☐ Other, specify: \_\_\_\_\_

Eat at a group meal? ☐ Y ☐ N ☐ U

Specify:

- ☐ Place of Worship  
☐ School  
☐ Social function  
☐ Other, Specify: \_\_\_\_\_

Eat food from a restaurant? ☐ Y ☐ N ☐ U

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Additional notes:

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy)
						SSN

ANIMAL EXPOSURE	CASE INTERVIEWS/INVESTIGATIONS	GEOGRAPHICAL SITE OF EXPOSURE
<p>During the 31 days prior to onset of HUS did the patient:</p> <p>Own, work at, or visit a pet store, animal shelter, and/or animal breeder/wholesaler/distributor? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>If yes, specify and give details:</p> <p>Work with animal importation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>If yes, specify and give details:</p> <p>Work at or visit a slaughterhouse (abattoir), meat-packing plant, poultry or wild game processing facility? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>If yes, specify and give details:</p>	<p>Was the patient interviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Date of interview (mm/dd/yyyy): __/__/__</p> <p>Were interviews conducted with others? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Who was interviewed?</p> <p>Were health care providers consulted? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Medical records reviewed (including telephone review with provider/office staff)? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U</p> <p>Sources:</p> <p><input type="checkbox"/> Hospital <input type="checkbox"/> Clinic/Health Care provider</p> <p><input type="checkbox"/> Other _____</p> <p>Please specify reason if medical records were not reviewed:</p> <p>Notes on medical record verification:</p>	<p>In what geographic location was the patient MOST LIKELY exposed?</p> <p>Specify location:</p> <p><input type="checkbox"/> In NC</p> <p>City _____</p> <p>County _____</p> <p><input type="checkbox"/> Outside NC, but within US</p> <p>City _____</p> <p>State _____</p> <p>County _____</p> <p><input type="checkbox"/> Outside US</p> <p>City _____</p> <p>Country _____</p> <p><input type="checkbox"/> Unknown</p> <p>Is the patient part of an outbreak of this disease? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Notes:</p>

# Hemolytic-Uremic Syndrome, post-diarrheal

## 1996 CDC Case Definition

### Clinical description

Hemolytic-uremic syndrome (HUS) is characterized by the acute onset of microangiopathic hemolytic anemia, renal injury, and low platelet count. Thrombotic thrombocytopenic purpura (TTP) also is characterized by these features but can include central nervous system (CNS) involvement and fever and may have a more gradual onset. Most cases of HUS (but few cases of TTP) occur after an acute gastrointestinal illness (usually diarrheal).

### Laboratory criteria for diagnosis

The following are both present at some time during the illness:

- Anemia (acute onset) with microangiopathic changes (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear and
- Renal injury (acute onset) evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline)

Note: A low platelet count can usually, but not always, be detected early in the illness, but it may then become normal or even high. If a platelet count obtained within 7 days after onset of the acute gastrointestinal illness is not less than 150,000/mm<sup>3</sup>, other diagnoses should be considered.

### Case classification

*Probable:*

- An acute illness diagnosed as HUS or TTP that meets the laboratory criteria in a patient who does not have a clear history of acute or bloody diarrhea in preceding 3 weeks or
- An acute illness diagnosed as HUS or TTP, that a) has onset within 3 weeks after onset of an acute or bloody diarrhea and b) meets the laboratory criteria except that microangiopathic changes are not confirmed

*Confirmed:* an acute illness diagnosed as HUS or TTP that both meets the laboratory criteria and began within 3 weeks after onset of an episode of acute or bloody diarrhea

### Comment

Some investigators consider HUS and TTP to be part of a continuum of disease. Therefore, criteria for diagnosing TTP on the basis of CNS involvement and fever are not provided because cases diagnosed clinically as postdiarrheal TTP also should meet the criteria for HUS. These cases are reported as postdiarrheal HUS.